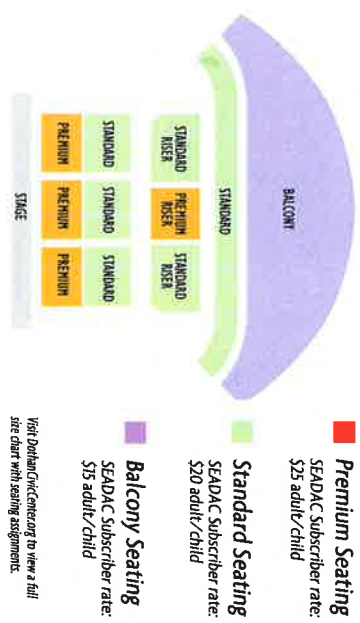


# 1 Your Commitment

# Support our 2018-19 Season

Please choose a sponsorship level and fill out the sections below.  
Please note that our pricing and seating has changed.

## Dothan Civic Center Seating



**Crown Jewel** \$ \_\_\_\_\_  
\$10,000 and above | Includes 50 tickets per production

**Corporate Platinum** \$ \_\_\_\_\_  
\$4,000 - \$9,999 | Includes 24 tickets per production

**Corporate Diamond** \$ \_\_\_\_\_  
\$2,500 - \$3,999 | Includes 18 tickets per production

**Corporate Gold** \$ \_\_\_\_\_  
\$1,500 - \$2,499 | Includes 14 tickets per production

**Corporate Silver** \$ \_\_\_\_\_  
\$1,000 - \$1,499 | Includes 10 tickets per production

**Corporate Bronze** \$ \_\_\_\_\_  
\$750 - \$999 | Includes 8 tickets per production

*Corporate Sponsors may purchase another 8 tickets - best available (Includes premium seating)*

**Principal Donor** \$ 600  
Includes 6 tickets per production. Non-corporate donors may purchase additional 6 premium seats - best available

**Soloist** \$ 400  
Includes 4 tickets per production. Non-corporate donors may purchase additional 4 premium seats - best available

**Corps de Ballet** \$ 250  
Includes 2 tickets per production. Non-corporate donors may purchase additional 2 premium seats - best available

**Apprentice** \$ 150  
Includes 1 ticket per production. Non-corporate donors may purchase additional 1 premium seat - best available

**Friend** \$50 - \$149 \$ \_\_\_\_\_

**Special In-Kind Donation\*** \$ \_\_\_\_\_ Value \_\_\_\_\_  
Please give value & description of service or products donated.

Service or Product: \_\_\_\_\_

**Special Item Sponsor\*** \$ \_\_\_\_\_ Value \_\_\_\_\_  
Please give amount & item of designated donation

Item: \_\_\_\_\_

**Gift Giving** Honorarium or Memorial Commemoration

In memory of: \_\_\_\_\_ \$ \_\_\_\_\_  
In honor of: \_\_\_\_\_ \$ \_\_\_\_\_

\* Please note all in-kind and special item donations will receive tickets for category at 50% of value of donation.

# 2 Your Information

Name (as it should appear in the program) \_\_\_\_\_ Contact Person \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Board Member Contact \_\_\_\_\_

# 3 Your Investment

Yes, we take credit cards!

Please mail in this form:  
SEADAC  
3010 Ross Clark Circle  
Dothan, AL 36301

You may pay by credit card

over the phone:  
(334) 702-7139

You may pay by credit card online:  
[SoutheastAlabamaDanceCompany.org](http://SoutheastAlabamaDanceCompany.org)

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Exp. Date (month/year) \_\_\_\_\_ CVC Code (3 digits on back, Amex: 4 digits on front)

Billing Address Zip Code (if different) \_\_\_\_\_

Check enclosed | Amount: \$ \_\_\_\_\_

